## DECLARATION OF FITNESS TO KAYAK / CANOE / STAND UP PADDLEBOARD (SUP)

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Kayak / Canoe / SUP activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Kayak / Canoe / SUP activities, I will notify the Guide of the Kayak / Canoe / SUP tour immediately and before disembarking from the vessel.

## I have read the above Declarations, understand them, and I agree to be bound by them.

| S/  |   |             |
|---|---|-------------|
| Signature of Adult Participant  | Name of Adult Participant (Please Print)        | Date        |
| Address of Adult Participant  |   | Contact No# |
| S/  | W (D )  |             |
| Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have | Name of Parent or Guardian (Please Print)       | Date        |
| Address of Parent or Guardian   |   | Contact No# |
|   | Name of Minor (Please Print)                    | Date        |
| If you cannot sign the above declaration notify the Guide immediately before y watercraft.  |   |             |
| Attention of the Authorised Insured (   | Only (Counter- Sign upon full and correct compl | letion)     |
|   |   |             |
| Countar Signature of Authorized Insured   | Name of Authorized Insured (Places Print)       | Data        |
| Counter-Signature of Authorised Insured   | Name of Authorised Insured (Please Print)       | Date        |

## CANOE / KAYAK / STAND UP PADDLEBOARD (SUP) TOUR RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

| Ex  | press Assumption of Risk Associated with Canoe  |  |                     |  |  |
|---|---|--|---------------------|--|--|
| I, _  |   | hereby affirm and acknowledge that I have been fully inform          |                     |  |  |
|   | rent hazards and risks associated with canoeing/kayaking/SUP  |  | es, and travelling  |  |  |
| to a  | nd from activity sites in which I am about to engage. Inherent h  | azards and risks include but are not limited to:                     |                     |  |  |
| 1.  | Risk of injury from the activity and equipment utilized in canoei   | ng/kavaking/SUP is significant including the potential for pe        | rmanent disability  |  |  |
|   | and death.  |  | •                   |  |  |
| 2.  | Canoe / kayak / SUP rollovers that may cause cuts, broken both  | nes and other injuries including death                               |                     |  |  |
| 3.  | Exposure to water hydraulics, hidden or obvious obstructions,   |  | narm                |  |  |
|   | Possible equipment failure and/or malfunction of my own or oth  |  | iaiii.              |  |  |
| 4.  | Describe into a his standard and/or manufaction of my own or our  | iers equipment.  |                     |  |  |
| 5.  | Running into objects, persons or animals including but not limit  | ed to tallen skiers, jet-skis, barety submerged logs and stun        | nps and other       |  |  |
| _   | hazards that are not visible.   |  |                     |  |  |
| 6.  | Carbon monoxide exposure and/or poisoning from your vessel  |  |                     |  |  |
| 7.  | My own negligence and/or the negligence of others, including e  |  | ives of -           |  |  |
|   | , including but not limited to opera  |  |                     |  |  |
| 8.  | Hazards related to canoeing / kayaking / SUP which include bu   | it are not limited to: collision, capsizing, sinking, or other ha    | azards that may     |  |  |
|   | result in wetness, injury, exposure to elements, hypothermia, ir  | npact of the body upon the water, upon rocks, injection of v         | water into my       |  |  |
|   | body orifices, marine life forms, and/or drowning.  |  | •                   |  |  |
| 9.  | Cold weather and heat related injuries and illness including but  | not limited to frostnip, frost bite, heat exhaustion, heat stro      | ke. sunburn.        |  |  |
| •.  | hypothermia and dehydration.  | The mines to house, not sho, not exhauston, not one                  | no, caribari,       |  |  |
| 10  | Exposure to outdoor elements, including but not limited to avale  | anche rock fall inclement weather thunder and lighting so            | wore and or         |  |  |
| 10.   | varied wind, temperature or weather conditions.   | anone, rock fall, inclement weather, thurider and lighting, se       | evere and or        |  |  |
| 44  |   |  |                     |  |  |
|   | Attack by or encounter with insects, reptiles, and/or animals.  | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                               |                     |  |  |
|   | Accidents or illness occurring in remote places where there are   |  |                     |  |  |
|   | Fatigue chill, and/or dizziness, which may diminish my/our read   |  |                     |  |  |
|   | My sense of balance, physical coordination, and ability to follow   |  |                     |  |  |
| *l u  | nderstand the description of these risks is not complete and  | d that unknown or unanticipated risks may result in inju             | ıry, illness, or    |  |  |
| dea   |   |  |                     |  |  |
| Rel   | ease of Liability, Waiver of Claims and Indemnity Agreemen  | t  |                     |  |  |
| In consideration for being permitted to participate in any way in Canoe / Kayak / SUP Tours and related activities, I hereby agree, acknowledge   |   |  |                     |  |  |
| and   | appreciate that:  |  |                     |  |  |
|   | I HEREBY RELEASE AND HOLD HARMLESS WITH RESPE   | CT TO ANY AND ALL INJURY, DISABILITY, DEATH, or I                    | oss or damage to    |  |  |
|   | person or property, WHETHER CAUSED BY NEGLIGENCE C  |  |                     |  |  |
|   | as releasees.   | Transfer of the following hamou polocile of challed, i               | ioroiir roiorroa to |  |  |
|   | do foloaceco.   |  |                     |  |  |
|   | Owner (Company and/or Darcen)   |  |                     |  |  |
| ^   | Owner (Company and/or Person)  2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and |  |                     |  |  |
| 2.  |   |  |                     |  |  |
|   | responsibility whatsoever and for any claims or causes of actio   |  |                     |  |  |
|   | personal injury, property damage, or wrongful death arising from  |  |                     |  |  |
|   | releasees or otherwise. By executing this document, I agree to  |  |                     |  |  |
|   | injury, disability, death, or loss or damage to person or property  | $\prime$ that may occur as a result of engaging in the above activit | ies.                |  |  |
| 3.  | By entering into this Agreement, I am not relying on any oral or  | written representation or statements made by the releasee            | s, other than       |  |  |
|   | what is set forth in this Agreement.  | •  | •                   |  |  |
| This  | release shall be binding to the fullest extent permitted by law. I  | f any provision of this release is found to be unenforceable         | the remaining       |  |  |
|   | is shall be enforceable.  | tany provident or time released to reality to be allering escape,    | , are remaining     |  |  |
|   | I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND   |  |                     |  |  |
|   | UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY  |  |                     |  |  |
|   |   | NING II, AND I SIGN II FREELT AND VOLUNTARILT W                      | TITOUT ANT          |  |  |
|   | UCEMENT.  |  |                     |  |  |
| <u>S/_</u>  |   |  | <del></del>         |  |  |
| Sigr  | ature of Adult Participant  | Name of Adult Participant (Please Print)                             | Date                |  |  |
| FOR   | DARTIODANTO OF MINORITY AOF. This is to see if the ball of December Occasion  | F T  |                     |  |  |
| FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not           |   |  |                     |  |  |
| only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my |   |  |                     |  |  |
| heirs   | heirs, assigns, and next of kin.  |  |                     |  |  |
| S/_   |   |  |                     |  |  |
|   | ature of Parent or adult legal_Guardian if  | Name of Parent or adult legal Guardian (Please Print)                | Date                |  |  |
| _   | icipant is a Minor, and by their signature  | Traine of Facility additional dualities (Field)                      | Date                |  |  |

they and I have

they on my behalf release all claims that both

Minor's Full Name

Date